

MISSOURI DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SERVICES 1320 CREEK TRAIL DRIVE, P.O. BOX 893 JEFFERSON CITY, MO 65102-0893

PHONE: (800) 877-8499 FAX: (573) 751-7408

WEB ADDRESS: www.modot.org/mcs

Permit Revision Request Form Complete and fax to 573-751-7408

Please complete <i>all</i> applicable fields before sending to MoDOT Motor Carrier Services. Permits may be revised up to 2 days after issued. There is a \$2.00 fee.						
USDOT#		Customer Account Number			Permit Type ☐ Single Trip ☐ Annual Blanket	
Company Name			Contact Name and Phone #			
Permit Number or Application Number			Original Power Unit License Number			
Date Permit Issued	te Permit Issued Date Permit is to Start			Payment Method * □Escrow Acct □MasterCard □American Express □Discover		
Change Requested (check all applicable ☐ Delivery Method ☐ Load Description		ensions Power Unit	☐ Addi	tional Units	☐ Overall Dimensions ☐ Weight ☐ Route	
Information as Printed on Original Permit			Requested Revisions			

The revised permit will be sent to the original location if no alternate is requested.

^{*} Please do not provide your credit card number. A MoDOT representative will contact you, or you may access the payment portal online at https://mcs.modot.mo.gov/portal/wps/myportal/%20%20.